

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :  _____  ATTORNEY FOR <i>(Name)</i> : NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY:  PLAINTIFF:  DEFENDANT:	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>	
<b>NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION</b> <b>(Wage Garnishment)</b>		LEVYING OFFICER FILE NO.:	COURT CASE NO.:

TO THE LEVYING OFFICER:

1. Name and address of judgment creditor

\_\_\_\_\_

2. Name and address of employee

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number *(if known)*:

\_\_\_\_\_

3. The Notice of Filing Claim of Exemption states it was mailed on  
*(date)*:

4. The earnings claimed as exempt are

- a. ☐ not exempt.
- b. ☐ partially exempt. The amount **not** exempt per month is  
\$

5. The judgment creditor opposes the claim of exemption because

- a. ☐ the judgment was for the following common necessities of life *(specify)*:
- b. ☐ the following expenses of the debtor are **not** necessary for the support of the debtor or the debtor's family *(specify)*:
- c. ☐ other *(specify)*:

6. ☐ The judgment creditor will accept \$ \_\_\_\_\_ per pay period for payment on account of this debt.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



.....  
*(TYPE OR PRINT NAME)*

\_\_\_\_\_  
*(SIGNATURE OF DECLARANT)*